

AITKIN COUNTY
ENVIRONMENTAL SERVICES
 307 2nd St NW, Room 219
 Aitkin, MN 56431
 218-927-7342
aitkinpz@co.aitkin.mn.us
www.co.aitkin.mn.us

**AITKIN COUNTY SSTS LOCAL
 FIX-UP FUND PROGRAM FY 2022
 APPLICATION**

Aitkin County was awarded a grant to fix subsurface sewage treatment systems (SSTS) that have been deemed to be Imminent Threat to Public Health or Failing to Protect Groundwater (must have been issued Notice of Noncompliance).

To qualify -

- Funding only for homesteaded single-family homes with SSTS’s located entirely within Aitkin County.
- You must own the house; either free of debt, through a mortgage.
- Taxes must be current. Loan payment must be current. The property is not currently or imminently subject to repossession, forfeiture, or foreclosure.
- 100%, not to exceed \$15,740.00, of the cost to fix the SSTS will be paid to the applicant upon completion if your household gross annual income (including Social Security, wages and all regular sources) is equal to or less than the following limits:

Family Size	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Income	\$37,250	\$37,250	\$37,250	\$37,250	\$49,200	\$49,200	\$49,200	\$49,200

- 75%, not to exceed \$15,740.00, of the cost to fix the SSTS will be paid to the applicant upon completion if your household gross annual income (including Social Security, wages and all regular sources) is equal to or less than the following limits:

Family Size	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Income	\$59,600	\$59,600	\$59,600	\$59,600	\$78,700	\$78,700	\$78,700	\$78,700

- The Aitkin County Environmental Services Department (ACES) will release the funds to the applicant or SSTS contractor once a Certificate of Compliance has been issued.
- The Aitkin County SSTS Local Fix-up Fund Program FY 2022 application process is on a first come first served basis. The FY 2022 fund is limited to \$15,740.00.

Aitkin County Environmental Services staff will help applicants during the application process, but applicants are responsible for making the choices and doing all of the listed items including, but not limited to, the following:

- Applicants must provide ACES staff with necessary information promptly.

- Applicants – not staff - are responsible for choosing contractors. Contractor selection shall be made on a competitive, lowest bid process. A minimum of two competitive bids is required for the installation of the designed system. The term “contractor” refers to Minnesota Pollution Control Agency (MPCA) licensed septic system designers, septic system installers, and other entities providing services to the abatement activities.
- Applicants – not staff – are responsible for selecting and entering into a contract with the contractor to do the work.
- Applicants and/or contractor will complete all the necessary permitting.
- Applicants are responsible for working with the contractors to settle any and all disagreements that may arise before, during, or after the job. If the applicant fails to abide by the program requirements or if the grantor withdraws or decreases funding for the program, the applicant shall be responsible to the contractor for all contractually agreed upon terms, including payment, without any further remedy for damages or recovery against Aitkin County or its ACESD.

If you are interested in participating in this program or have questions, call, email or write:

Aitkin County Environmental Services

307 2nd St NW Room 218

Aitkin, MN 56431

218-927-7342

aitkinpz@co.aitkin.mn.us

Mail your application and supporting forms to Aitkin County Environmental Services Department at the address listed above. The following documentation needs to be submitted with the application:

- Documentation of payment of current taxes
- Documentation of current and historical loan payments
- Documentation of household members (18 years and older) annual gross income and source of income
- Copy of 1040 Income Tax IRS Forms
- Septic system design
- 2 competitive bids for installation of the designed septic system.

Your application will not be processed until all necessary and requested documentation is received at our office. If you have any questions or need assistance please call (218) 927-7342.

**AITKIN COUNTY SSTS LOCAL
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Part 1:

Applicant Name: _____ Age _____ Social Security # _____ Marital Status
 Married
 Separated
 Unmarried

Co-Applicant Name: _____ (includes widowed, divorced, or single)

Street Address: _____ How long have you lived here? _____

City, State, Zip: _____ Email: _____

Home Phone: _____ Work Phone: _____

Person to contact if we
Cannot reach you: _____ Relationship: _____

Street Address: _____ Work Phone: _____

City, State, Zip: _____ Home Phone: _____

Part 2: Household Information

How many people live permanently in your household? _____

Please circle the choices that reflect income sources in your house:

- | | | |
|---------------------------|-----------------------|-------------------|
| Salary/Wages | Alimony/Child Support | Social Security |
| Self-Employment | Food Stamps | GA/Work Readiness |
| Unemployment Compensation | SSI | AFDC/TANF/MFIP |
| Veterans Benefits | Retirement/Pension | MSA |
| Interest | Farm Income | Rental Income |
| AFDC | Other: _____ | |

List all household members (18 years and older), their annual gross income (from your 1040 IRS Income Tax Return) and source(s) of income. (For self-employed persons, farm and rental property income, use the appropriate line for "adjusted gross income" from the 1040 IRS Income Tax Return.) **Include copy of 1040 Income Tax IRS Forms.**

<u>Name</u>	<u>Birth Date</u>	<u>Annual Gross Income</u>	<u>Source of Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

From your last property tax statement:

- What is the Estimated Market Value of your home? _____
- What are your yearly property taxes? _____
- Are your property taxes current? _____
- Is the property homesteaded? Yes / No

What year was the well installed? _____

What year was the septic installed? _____

Number of Bedrooms _____

Number of Bathrooms _____

Part 3: Certification

I (We) certify that by signing this that the information stated above is true and correct to the best of my knowledge. I (We) realize that giving false information will result in disqualifying me from assistance from the Aitkin County SSTS Local Fix-up Fund Program, as well as subjecting me (us) to civil and criminal consequences under the laws of the State of Minnesota.

Signature of Applicant: _____ Date: _____

Signature of Co-applicant: _____ Date: _____

PRIVACY NOTICE

We are asking that you provide the information on the Aitkin County SSTS Local Fix-up Fund application form to determine if you are eligible to participate in the program.

Your name, address and the amount of assistance you received are considered public data under the Minnesota Data Practices Act. Other information that you provide to the program about you and your household is considered private data.

We will use your private data only when it is required for administration and management of the program. Persons or agencies with whom this information may be shared include:

- ACES Staff and other persons involved in program administration.
- Auditors who perform required audits of this program.
- Authorized personnel from the Minnesota Pollution Control Agency or other local, state and federal agencies providing funding assistance for your grant.
- Those persons who you authorize to see it.
- Law enforcement personnel in the case of suspected fraud or other enforcement authorities as required.

We cannot release private data to anyone else or use the private data in any other way unless you give us permission by completing a consent form that we will provide. Please keep in mind, however, that data must be released if required by court order, and, in addition, your private data may be released if Congress or the Minnesota Legislatures passes a new law that authorizes or requires such release of data.

Signature of Applicant: _____

Date: _____

Signature of Co-applicant: _____

Date: _____

Minnesota law gives you important rights in regard to information maintained about you. These include:

- The right to see and obtain copies of the data maintained on you,
- Be told the contents and meaning of the data, and
- Challenge the accuracy and completeness of the data.